

Date \_\_\_\_\_

**AFFIDAVIT OF PAYEE'S FAILURE TO PROVIDE TAXPAYER IDENTIFICATION NUMBER**

(Please Type or Print)

The following action was taken to obtain the below named payee's taxpayer identification number  
(Check the appropriate boxes and attach any supporting documents):

Payee Name: \_\_\_\_\_

[ ] Forwarded Form W-9, Payer's Request for Taxpayer Identification Number and Certification,  
by mail on (date): \_\_\_\_\_ The result was: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[ ] Other action taken (Please detail): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I do solemnly, sincerely, and truly declare and affirm that I am employed by the State of Kansas  
as shown below; and that I am responsible for securing the taxpayer's identification number from  
payees for transactions made by my agency; and that I attempted to obtain the payee's taxpayer  
identification number as described above; and that the payee has not provided the taxpayer  
identification number requested; and this I do under the pains and penalties of perjury.

_____ (Employee Job Title)	_____ (Employee Signature)
_____ (Employer Agency)	_____ (Employee Name)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Signed and sworn to (or affirmed) before me on (date) \_\_\_\_\_

by \_\_\_\_\_  
(Name of Person Making Declaration)

\_\_\_\_\_  
(Notary Public)

My appointment expires: \_\_\_\_\_